

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1994

Application or Docket Number

360184

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	40 minus 20 =	* 20
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	Fee	RATE	Fee
	365.00		730.00
x\$11=		x\$22=	440
x38=		x76=	
+120=		+240=	
TOTAL		TOTAL	1170

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x\$11=		x\$22=	
x38=		x76=	
+120=		+240=	
TOTAL	ADDITIONAL FEE	TOTAL	ADDITIONAL FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x\$11=		x\$22=	
x38=		x76=	
+120=		+240=	
TOTAL	ADDITIONAL FEE	TOTAL	ADDITIONAL FEE

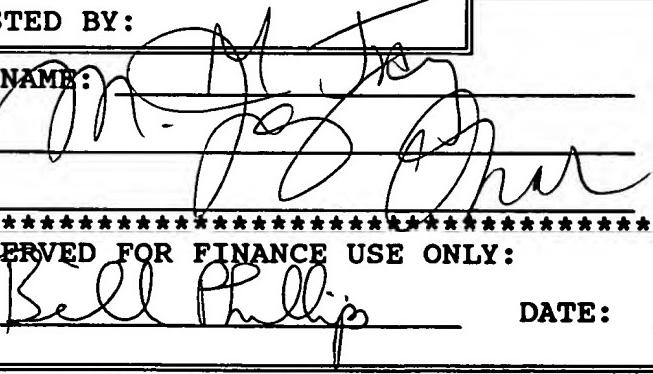
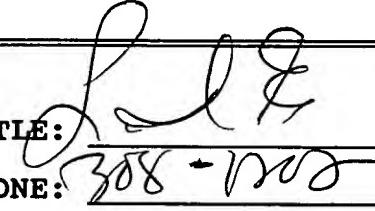
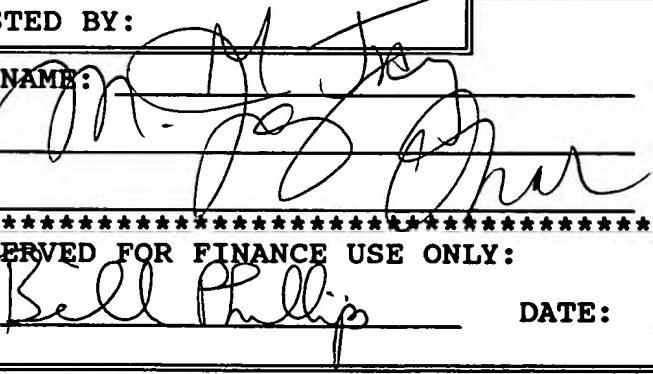
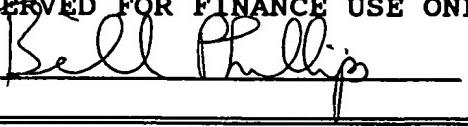
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x\$11=		x\$22=	
x38=		x76=	
+120=		+240=	
TOTAL	ADDITIONAL FEE	TOTAL	ADDITIONAL FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."
 The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	1-25-95	2 Serial/Patent #	3600184	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing				\$ 10 -
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ 10 -	
		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check		
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	, 14 -- 2480	
10 REASON:		No Fee Due (Explanation):		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: 				
TITLE: 				
SIGNATURE: 				
PHONE: 308-1108				
OFFICE: *****				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED:  DATE: 				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

BEST AVAILABLE

ID	MCH	TPE	NAME OR ACCOUNT	C-NBR	MLEDTE	CURDTE	F-C	\$ AMOUNT
D	030	1	162480	30043	941221	950110	101	1,180.00
NO MORE TRANSACTIONS								

END OF YOUR QUERY

BEST AVAILABLE C